PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/586377

| · · · · · · · · · · · · · · · · · · · | | | | | | | | 10/300011 | | | | | |
|--|--|---|--|-------------------------------|--|--------------------------|-----|---------------------|------------------------|-----|----------------------------|------------------------|--|
| , | | CLAIMS A | (Column 1) (Co | | | 2al | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | | |
| U.S. | NATIONAL S | STAGE FEES | (Column 1) | | ,, | Column 2) | | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. | = \$ 150 | LARG | E ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | Satisfies PCT A (4) = \$50 | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | i | | EXAM. FEE | 200 | |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other cot \$ 200 / \$ | 50 / \$ 100 untries = | ALL other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 19 mi | nus 20 = | * | | | X \$ 25 = | | OR | X \$ 50 = | | |
| INDEPENDENT CLAIMS | | | 3 m | ninus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | نیم | TOTAL | | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | , | SMALL E | NTITY | OR | OTHER | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | | ER PRESENT JSLY EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR. | TOTAL ADDIT. FEE | | |
| · | | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | | | |
| AMENDMENT B | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | . = . | | X \$ 100 = | | OR | X \$ 200 = | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | • | | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.